

**Instructions for Completing
FORM SPO-H-205A ORGANIZATION - WIDE BUDGET BY
SOURCE OF FUNDS**

Applicant/Provider:	Enter the Applicant's legal name.
RFP#:	Enter the Request For Proposal (RFP) identifying number of this service activity.
For all columns (a) thru (d)	<p>Report your total organization-wide budget for this fiscal year by source of funds. Your organization's budget should reflect the total budget of the "organization" legally named. Report each source of fund in separate columns, by budget line item.</p> <p>For the first column on the first page of this form, use the column heading, "Organization Total".</p> <p>For the remaining columns you may use column headings such as: Federal, State, Funds Raised, Program Income, etc. If additional columns are needed, use additional copies of this form.</p>
Columns (b), (c) & (d)	Identify sources of funding in space provided for column titles.
TOTAL (A+B+C+D)	Sum the subtotals for Budget Categories A, B, C and D, for columns (a) through (d).
SOURCE OF FUNDING: (a) (b) (c) (d)	Identify all sources of funding to be used by your organization.
TOTAL REVENUE	Enter the sum of all revenue sources cited above.
Budget Prepared by:	<p>Type or print the name of the person who prepared the budget request and their telephone number. If there are any questions or comments, this person will be contacted for further information and clarification.</p> <p>Provide signature of Applicant's authorized representative, and date of approval.</p>

ORGANIZATION - WIDE BUDGET BY SOURCE OF FUNDS

(Period _____ to _____)

Applicant/Provider: XYZ Hawai'i, Inc.

RFP No.: ABC-123

Contract No. (As Applicable): DHS-97-001

BUDGET CATEGORIES	Total Funds (a)	State Funds (b)	Privately Raised Funds (c)	Program Income (d)
A. PERSONNEL COST				
1. Salaries	200,504	70,250	79,105	51,149
2. Payroll Taxes & Assessments	21,810	7,643	7,624	6,543
3. Fringe Benefits	32,682	11,451	13,923	7,308
TOTAL PERSONNEL COST	254,996	89,344	100,652	65,000
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island	2,288	500	1,788	
2. Airfare, Out-of-State	6,488	800	5,688	
3. Audit Services	2,955	500	45	2,410
4. Contractual Services - Administrative	2,195	900		1,295
5. Contractual Services - Subcontracts	2,195	900		1,295
6. Insurance	5,141	2,000	3,141	
7. Lease/Rental of Equipment				
8. Lease/Rental of Motor Vehicle				
9. Lease/Rental of Space				
10. Mileage	1,055	400	655	
11. Postage, Freight & Delivery	785	200	585	
12. Publication & Printing	5,550	100	5,450	
13. Repair & Maintenance	598	200	398	
14. Staff Training	245	100	145	
15. Substance/Per Diem	3,678	1,200	2,478	
16. Supplies	4,905	1,000	3,905	
17. Telecommunication	3,232	1,200	2,032	
18. Transportation	885	215	670	
19. Utilities	4,235	3,000	1,235	
20.				
21.				
22.				
23.				
TOTAL OTHER CURRENT EXPENSES	46,430	13,215	28,215	5,000
C. EQUIPMENT PURCHASES		500		
D. MOTOR VEHICLE PURCHASES		9,750		
TOTAL (A+B+C+D)	\$301,426	\$112,809	\$128,867	\$70,000
SOURCES OF FUNDING		Budget Prepared By: <div style="display: flex; justify-content: space-between;"> Joe E. Hawai'i 999-9999 </div> <div style="display: flex; justify-content: space-between;"> Name (Please type or print) Phone </div> <div style="display: flex; justify-content: space-between;"> 02/14/97 </div> <div style="display: flex; justify-content: space-between;"> Signature of Authorized Official Date </div> <div style="display: flex; justify-content: space-between;"> Joe E. Doss, Executive Director </div> <div style="display: flex; justify-content: space-between;"> Name and Title (Please type or print) </div>		
(a) Total Funds	\$301,426			
(b) State Funds	\$112,809			
(c) Privately Raised Funds	\$128,867			
(d) Program Income	\$70,000			
TOTAL REVENUE	\$613,102	For State Agency Use Only <div style="display: flex; justify-content: space-between;"> Signature of Reviewer Date </div>		

SAMPLE